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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## REGISTERED AGENT CHANGE IMAGERIGHTS INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: ImageRights Inte	rnation	nal, Inc.
Name of Corporation		***************************************
DOCUMENT NUMBER: F1000000	0221	**************************************
The enclosed Statement of Change of Registered Offi	ice/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this matt	er to the followi	ng:
Mary Castillo		
Name of Contact Person	····	
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd. Suite 300		
Address		
Austin, Texas 78744		
City/State and Zip Code		
E-mail address: (to be used for future annual reports for further information concerning this matter, please		)
Mary Castillo	at ( 888	705-7274
Name of Contact Person	Area Co	705-7274 ode & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section Corporations of Tallahassee nroe Street, Suite 810

CR2E045 (04/13)

## H200001439183

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.050 nge is submitted for a corport			_		
	r to change its registered offic					
	he corporation: ImageRi				<del></del>	<del></del>
	office address: <u>51 MELC</u> N, MA 02210	CHER ST	KEEI	1ST FLOOP	<u>{</u>	
	ddress (if different):					
4. Date of incorp	poration/qualification: 1/14	/2010	_ Document	number: F1000	000022	21
	I street address of the current is tment of State: (If resigned, earth		t and register	ed office on file with	h the	
	VANCLEAVE,	TED				
	410 12TH AVE NE #5					
	ST. PETERSBURG		FL	33701	;	201
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Registered Age				·=- /	<u>&gt;</u>
	155 Office Plaz			A	- ( D:	ض عد
	Tallahassee	P.O. Box NO	T acceptable 323	01	<u> </u>	24
The street addre	ess of its registered office and be identical.	l the street add	lress of the b	usiness office of its	registered a	gent,
Such change was authorized by th	is authorized by resolution di ne board, or the corporation h	uly adopted by ias been notifi	its board of ed in writing	directors or by an o of the change.	officer so	
/s/ Joe G. N	aulor re of an officer or director	J <u>c</u>	oe G. Na	aylor litted or typed name and title	Presiden	ıt
I further agree to of my duties, an document is bei	the appointment as registere to comply with the provisions d I am familiar with and acc ng filed merely to reflect a cl been notified in writing of to	s of all statutes ept the obligat hange in the re	s relative to t tion of my po	he proper and comp sition as revistered	plete perform agent. Or confirm the	nance if this at the
Hode	natific of Registered Agent		05/14/20	020 Date		<del></del>
·	half of an entity:					
	Assistant Secretary					
T	sped or Printed Name					
	***F	ILING FEE:	\$35.00 * * *	•		